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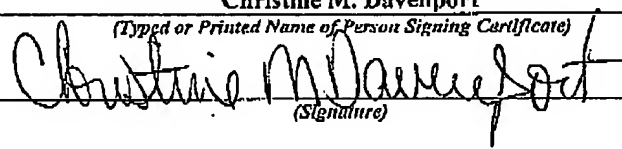
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(571) 273-8300	9
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	KIE-0002
RE:	YOUR REFERENCE NUMBER:
U.S. Serial No. 10/648,423	

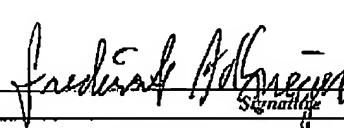



☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. KIE-0002
Applicant(s): Kirko			
Application No. 10/648,423	Filing Date August 25, 2003	Examiner D. Meislin	Group Art Unit 3723
Invention: METHOD AND APPARATUS FOR OPENING OF CONTAINERS			
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I hereby certify that this <u>Amendment Transmittal; Response to Office Action</u> (Identify type of correspondence)			
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on <u>April 14, 2006</u> (Date)			
<u>Christine M. Davenport</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)			
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P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. KJE-0002									
Applicant(s): Edward Kirko													
Application No. 10/648,423	Filing Date August 25, 2003	Examiner D. Meislin	Customer No.	Group Art Unit 3723	Confirmation No. 3997								
Invention: METHOD AND APPARATUS FOR OPENING OF CONTAINERS													
COMMISSIONER FOR PATENTS:													
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.													
CLAIMS AS AMENDED													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	9 -	21 =	0	x \$50.00	\$0.00								
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00								
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
 Frederick A. Krieger Reg. No. 57,439 Cantor Colburn LLP (248) 524-2300			Dated: April 14, 2006										
CC:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">April 14, 2006</td> <td style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Christine M. Davenport Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		April 14, 2006	(Date)	 Signature of Person Mailing Correspondence		Christine M. Davenport Typed or Printed Name of Person Mailing Correspondence	
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P11LARGE/REV09

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT: EDWARD KIRKO) GROUP ART UNIT: 3723
)
SERIAL NO.: 10/648,423) EXAMINER: D. MEISLIN
)
FILED: AUGUST 25, 2003) CONFIRMATION NO.
) 3997
TITLE: METHOD AND APPARATUS FOR)
OPENING OF CONTAINERS)

RESPONSE TO OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Madam:

In response to the Office Action dated February 14, 2006, applicant responds as follows:

I hereby certify that the attached correspondence is being transmitted by facsimile to the Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on April 14, 2006, via transmission to facsimile number (571) 273-8300.

Christine M. Davenport
(Name of Person Mailing Paper)

Christine M. Davenport
Signature